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<b>TRANSMITTAL FORM</b>  (To be used for all correspondence after initial filing)	Application Number	10/642,424
	Filing Date	August 14, 2003
	First Named Inventor	Sayeed Ahmed
	Art Unit	2838
	Examiner Name	
	Attorney Docket No.	130209.507

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> CD(s), Number of CD(s) _____
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<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53		<u>Sheet</u>
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
Remarks Supplemental Declaration		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Individual Name	Frank Abramonte	Customer Number <b>00500</b>
Signature		
Date	March 5, 2004	

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